

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 010 ***150.00

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DOCUMENT # F14404

1. Entity Name
OLGA E. HERVIS, M.S.W., P.A.



Principal Place of Business
**20005 DIXIE HWY
104
MIAMI FL 33-1311
US**

Mailing Address
**PO BOX 330614
MIAMI FL 33233-0614
US**



2. Principal Place of Business

3. Mailing Address

2000 S. DIXIE HWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State
MIAMI FL

Zip

Country

Zip
33133

Country
MIAMI-DADE

4. FEI Number
59-2054883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERVIS, OLGA E
12940 SW 83 AVENUE
MIAMI FL 33156**

Name
(Same)

Street Address (P.O. Box Number is Not Acceptable)
**1925 BRICKELL AVE
APT. D1908**

City
MIAMI

FL

Zip Code
33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERVIS, OLGA E
1925 BRICKELL AVE # D-1908
MIAMI FL 33129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OLGA E. HERVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03 **305-859-2121**

CR2E034 (10/02)